

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>NY</i>		1-18-01
FORMALITY REVIEW	<i>[Signature]</i>	JC 886	02-07-01
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	1030	5-14-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/1/03
2	✓	✓	7/1/03
3	✓	✓	7/1/03
4	✓	✓	7/1/03
5	✓	✓	7/1/03
6	✓	✓	7/1/03
7	✓	✓	7/1/03
8	✓	✓	7/1/03
9	✓	✓	7/1/03
10	✓	✓	7/1/03
11	✓	✓	7/1/03
12	✓	✓	7/1/03
13	✓	✓	7/1/03
14	✓	✓	7/1/03
15	✓	✓	7/1/03
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18	✓	✓	7/1/03
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25	✓	✓	7/1/03
26	✓	✓	7/1/03
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28	✓	✓	7/1/03
29	✓	✓	7/1/03
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42	✓	✓	7/1/03
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44	✓	✓	7/1/03
45	✓	✓	7/1/03
46	✓	✓	7/1/03
47	✓	✓	7/1/03
48	✓	✓	7/1/03
49	✓	✓	7/1/03
50	✓	✓	7/1/03

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

**BEST AVAILABLE COPY**

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